FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State

Parties must be filed electronically.

	Parties must be filed electror	Reset Fo	Origin	
COMMITTEE NAME (Must be same as on Statement of O			
STEVE PED	Erson for Gy	04 20-1	FOR	RM I
IMPORTANT: Indicate by (1) Statewide/Legislative. (4) County Central Comm	y # type of committee you are reporting for /Judge Standing for Retention Candidate mittee (5)County Candidate (6)City Car 8)County PAC (9)City PAC (10)School	or: (2)State PAC (3)State Party	For Off	R-2 DISCLOSURE REPORT
CANDIDATE COMMIT Candidate Name STEVE 1676	ers on	Political Party (if applicable)	Logged Scanne	#
Office Sought Come	:: (Winder Heigh	District (if Senate or House)		
Late reports are subject to	p possible civil and criminal penalties. Find the chairperson, for any other type of	r committee, is the individual responsible	e for filing timely	and accurate reports.
SIGNATURE OF PERSO	ON FILING REPORT	515-710-9574		1/04/2013
		TELEPHONE	NOT UP IN THE REAL PROPERTY.	DATE SIGNED
I AM FILING A 11	(report date)	REPORT FOR (1) ELECTION		TION YEAR.
□CHECK IF AMENDME	ENT TO REPORT DATED		V	s, enter Date of Election
(Tod mast cont	termination) report and attach Notice tinue to file reports until a DR-3 is file	d.)	County & Local C which Election is I	ommittees, enter County in held
	TEMENT OF CASH ON HAN			
committee. In	beginning of the reporting period. (The same as the same as the same as the rting period or must be zero if this is the same as the same a	cash on hand at the and	6	
ADD TOTAL M	ONEY TAKEN IN THIS PERIOD			
Schedule A: Ca	ash Contributions total (Attach Scheo	dule A) (*also see in-kind below)		675
Schedule F: Lo	oans Received total (Attach Schedule	F)		1000
Schedule H: To	otal Sales of Campaign Property (Atta	ach Schedule H)		-6
(Sched	dule H applies to Candidates' Com	mittees Only)		,
SUBTRACT TO	TAL MONEY SPENT THIS PERIOD	SUB-TOTAL	\$	215
	penditures total (Attach Schedule B)		1	659.00
Schedule F: Los	an Repayments total (Attach Schedu	le F)		ø
	nd of this reporting period (if final rep			66.00
	Schedule D - Attach Schedule D)			6
IN KIND CONTRIBUTION	NS (From Schedule E - Attach Sched	dule E)	ф	0
*OUTSTANDING LOANS	S (From Schedule F - Attach Schedu	le F)	s /	\$50.00
ONSULTANT BREAKD	OWN (Schedule G Attached?)		YES	,
ANDIDATE COMMITTE			163	NU
ALUE OF CAMPAIGN P	ROPERTY (From Schedule H - Attack	ch Schedule H)	s (5
TATE COMMITTEES: S	Submit a reconciled campaign accour	nt bank statement in January of each	year.	

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

Reset Form

SCHEDULE

A
(Rev. 07/03)

CHECK THIS BOX IF
AMENDING FORM

COMMITTEE N	NAME (Must be same	e as on Statement of	of Organization)	
STEUR	PETERSON	for CiTy	Guneil	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FO FUND- RAISEF INCOM
09/2/2013	ID# CK#	Rev George + Janet Hamusa 7204 Reite An Winsson Heigh B, Tha 50324		\$ 30.00	INCOM
09/2013	ID#	Don + Glenda STeele. 1805 762 55 Windon Heigh B IA 503 24		25.00	
9/26/2017	ID# CK#	HARDED + VIRGINA VARCE 6823 FOREST CO WINDSON HEIS VTS. IN SUSLY		100,00	
10/3/2013	ID# CK#	Konepla Enginering 1239 73 #355 WIMDER HeighB, IA 50324		100.00	
10/3/201)	ID# CK#	Kevin + PATRICIA RETERM 5755 E Thompson PEAR Hereford, Az 35615	Brother	100,00	
10/16/201)	ID# CK#	Doug + Mary Hauser 2848 S. Emenson Mes A, Az 85210		200.00	
10/12/2013	ID# CK#	Ron Herandon SIZC PLEASANT ST Des Momes. IA 50312		100,00	
9/3/2017	ID# CK#	DAUID EDELSTEIN SOOB N. WALNUT CREEK DI. URBANDAK, IA 5032V		20,00	
	ID# CK#				
	ID# CK#				
			SUB-TOTAL	1260	

TOTAL (if last page of this schedule)

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) . If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _____ of ____(for Schedule A)

FOR INSTRUCTIONS, SEE BACK OF FORM

Reset Form

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

COMMITTEE NAME (Must be same as on Statement of Organization)

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

STEV	E PETERS	on for City Connei	T	
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
10/17/2013	ID#	AKILI DESIGN 7636 HICKMAN RU WINDSON HEIGHT, JAFFRY	Pirect mail Yan Signs +TAN	\$/659.00
	CK#			
	ID# CK#			
			SUB-TOTAL TOTAL (if last page of this schedule)	\$ 1,659.00

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and lowa Code 68A.402(3)(i).)

	1	1
Page	of	

R INSTRUCTIONS, SE	E BACK OF FORM		RESET	SCHEDULE	
MMITTEE NAME (Must	be same as on Statement of C	Organization)		(Rev. 02/08)	RECEIVI & REPAI
E: This schedule repo	orts money loaned to the comm	nittee which is deposited in the	committee account.	CHECK TI	HIS BOX
RT I - MONETARY LO	ROM LAST REPORTING PEI ANS RECEIVED THIS REPORT of loan, such as a bank, must		lived. Include loans from cand	didate's personal fui	nds.)
DATE RECEIVED	NAME AND ADDRE (Include Endorser's Na	SS OF LENDER	RELATIONSHIP TO CANDIDATE (If Applicable	AMOUNT OF	
(MM/DD/YR)	Stove PETERS M 1414 70 # St. UINDSON HEIGHT	3 , In 50324	Seif	\$ /\$50.	00
				1	1
			TOTAL (PART I)	\$ 1\$50.0	D
RT II - MONETARY L (Loans forgiver	OAN REPAYMENTS MADE In must be reported on Scheduk	THIS REPORTING PERIOD e E In-kind Contributions.)	TOTAL (PART I)	\$_1\$50.0	D
ART II - MONETARY L (Loans forgiver DATE PAID (MM/DD/YR)	OAN REPAYMENTS MADE In must be reported on Schedule NAME AND ADDRES (Include Endorser's Na	e E In-kind Contributions.) SS OF LENDER	TOTAL (PART I) RELATIONSHIP TO CANDIDATE* (If Applicab	AMOUNT RI	
(Loans forgiver	n must be reported on Schedule NAME AND ADDRES	e E In-kind Contributions.) SS OF LENDER	RELATIONSHIP TO	AMOUNT RI	
(Loans forgiver	n must be reported on Schedule NAME AND ADDRES	e E In-kind Contributions.) SS OF LENDER	RELATIONSHIP TO	AMOUNT RI	
(Loans forgiver	n must be reported on Schedule NAME AND ADDRES	e E In-kind Contributions.) SS OF LENDER	RELATIONSHIP TO	AMOUNT RI	
(Loans forgiver	n must be reported on Schedule NAME AND ADDRES	e E In-kind Contributions.) SS OF LENDER ame, If Applicable)	RELATIONSHIP TO	AMOUNT RI	
(Loans forgiver	NAME AND ADDRES (Include Endorser's Na	e E In-kind Contributions.) SS OF LENDER ame, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicab	le) \$	EPAID